

## Holyoake's DRUMBEAT Quest wins innovation award



Holyoake CEO Angie Paskevicius with Cathy Kirwan, Research Manager, Strategic Grants at the Not-For-Profit Technology Awards.



Holyoake's **DRUMBEAT Quest**<sup>®</sup> won the Innovator of the Year award at the National Not-For-Profit Technology Awards held in Melbourne in 2017.

*DRUMBEAT Quest* is an adventure game that addresses social and emotional learning. It engages young people more effectively through a medium they love – gaming. This interactive health education resource for counsellors and educators is based on the original DRUMBEAT program, an evidenced based, award winning program that now operates all over Australia as well as in New Zealand, the USA and Canada.

"We are obviously very excited because it recognises Holyoake's commitment to use technology for greater social impact," said Holyoake CEO Angie Paskevicius. "*DRUMBEAT Quest* is one of the

many innovative programs that the Holyoake team has developed over the years."

"Programs like this are important to continue the education of young people about alcohol and drugs, reducing the stigma around substance use and mental health issues. This award encourages us to continue down the path of innovation."

*DRUMBEAT Quest* was developed thanks to a Western Australian Government Social Innovation Grant. It complies with Australian and Western Australian curriculum standards, and is already being used by many schools. Educators and counsellors are using the game to engage young people through facilitated discussion.

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## Welcome to *drugspeak*

Welcome to the February 2018 issue of *drugspeak*.

This issue highlights the many positive ways the Western Australian alcohol and other drug (AOD) sector is responding to changing community needs in both regional and metropolitan Western Australia.

In recent years, the sector has been progressing and working towards several initiatives to assist the community to address methamphetamine related harms, including the delivery of an additional 60 residential withdrawal and rehabilitation beds across Western Australia, adding an extra 228 treatments per year to the 2,042 already provided through existing services, an increase of 11.2%. In this issue, we highlight the achievements that have been made, including the opening of a specialist Methamphetamine Clinic in East Perth, the introduction of the Meth Helpline and increased community-based alcohol and other drug services.

The Drug Aware *Meth Can Take Control* campaign has been recognised at the 2017 Campaign Brief Awards, with its 'The Law' video winning the 2016 Best Of The Year Creative Award for the Cinema/Television commercial category. Well done to the team at the Mental Health Commission (MHC) that worked on this campaign. These education campaigns are powerful tools in providing the community with the information they need to understand and avoid drug-related harms.

Results from the latest *National Drug Strategy Household Survey* show one in five Western Australians drink at a higher level than the national guidelines, which recommend no more than two standard drinks on any day. The MHC, together with the McCusker Centre for Action on Alcohol and Youth, has launched a new online tool as part of its latest *Alcohol.Think Again* public education campaign – Glassbody. The online tool enables people to calculate the effects of drinking above the national guidelines, while the Glassbody campaign emphasises that the body is fragile and how regularly drinking more than the two standard drinks increases the risk of stroke, heart attack and cancer.

In consultation with key stakeholders and the community, the MHC has been developing the *Western Australian Alcohol and Drug Interagency Strategy 2017-2021* (the Strategy).



*Timothy Marney and Jill Rundle.*

The Strategy has been informed by key human and social service State Government departments through the Western Australian Drug and Alcohol Strategic Senior Officers' Group. This group undertook evaluation and reviews of the Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015, current alcohol and other drug issues and trends, and aligned the findings to evidence-based best practice.

The Strategy builds on previous achievements and provides a guide for government, non-government and the community in addressing the adverse impacts of alcohol and other drug-related problems in Western Australia. It intends to drive collective action through collaboration and coordination.

It is aligned to key national and State policies and strategies to ensure consistency and complementary action. This includes, but is not limited to, the *National Drug Strategy 2017-2026* framework of supply, demand and harm reduction, the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025* (the Plan) and the *Methamphetamine Action Plan*.

It is anticipated that the Strategy will be released in the coming months.

Alcohol and other drug services can be accessed throughout Western Australia and there is positive work taking place in regional Western Australia. Mission Australia is doing some great work in the Pilbara and Hope Community Services has now transitioned all Rosella House residents to the new Hope Springs Community Farm in the Midwest. In other parts of regional Western Australia, Garl Garl Walbu Alcohol Association Aboriginal Corporation, based in Derby, established the successful Peer Education Work Program in 2015. The program assists Indigenous youth affected by AOD misuse

through informal support and mentoring by peers of a similar age, to minimise harm and encourage change.

The strength of peer work and peer support to engage with people affected by alcohol and other drug issues are well recognised in the alcohol and other drug sector. Peer Based Harm Reduction WA (formerly known as WASUA) and Holyoake are two examples of services that harness this strength to improve lives in Western Australian communities. Peer Based Harm Reduction WA is also using this approach to ensure clients are aware of new, more effective hepatitis C treatments that are now available. Peer Based Harm Reduction WA and other services in the alcohol and other drug sector are working hard to ensure clients are informed of the treatments' life-changing potential and that access to treatment is as smooth as possible.

In other news, a Two Year Update of the Plan is scheduled to be released this year and will include updated modelling and a summary of progress.

The Plan is the MHC's strategic plan for the mental health, alcohol and other drug sector developed through an extensive consultation process with stakeholders and outlining how we can work together to achieve an optimal level of both mental health and alcohol and other drug services.

It is intended that the draft Two Year Plan Update 2018 will be released for feedback in early 2018.

**Jill Rundle**  
Chief Executive Officer, WANADA

**Timothy Marney**  
Commissioner, Mental Health Commission

# Drug Aware methamphetamine campaign having an impact

## Drug Aware's *Meth Can Take Control*

Campaign has been recognised at the 2017 Campaign Brief Awards, with its *'The Law'* video winning the 2016 Best Of The Year Creative Award for the Cinema/Television commercial category. *'The Law'* video also received a silver for Film and Television Advertising in the Perth Advertising and Design Club's The Skulls 2017 Awards.

The campaign uses emotive video, radio, and online media to portray a series of real life stories that drive home how someone using methamphetamine can lose control of all aspects of their lives – their mental and physical health, relationships with friends and family and face possible legal consequences (*The Law*).

Running since December 2015, *Meth Can Take Control* aims to prevent and delay the uptake of meth use, and stop use, by increasing awareness and knowledge of the potential health, social and legal consequences of meth use and promoting access to support services at an early stage.

A preliminary evaluation of the campaign conducted in June last year following the second media burst found that year one of the campaign had achieved higher awareness measures among the target audience than any previous Drug Aware campaign.



The primary target group of 17 – 25 year olds had a prompted awareness response rate of 58%, and of those aware, 94% had the correct message takeout.

Further details of the campaign, including the awarded *'The Law'* video, can be found on the DrugAware website at [drugaware.com.au](http://drugaware.com.au)

The next campaign burst is planned for later this year and will include cinema, short digital videos, radio, and other digital channels.

A new phase of the methamphetamine campaign will be developed in 2018/19.



## 2018 Western Australian Alcohol and Other Drug Conference

**REGISTER NOW**

**The Western Australian Alcohol and Other Drug Conference 2018** will be held on 20 and 21 March 2018 at the Novotel Langley Hotel Perth.

The conference, titled *Leading the Way: Embracing New Opportunities in the Alcohol and other Drug Sector*, is being hosted in a collaboration between the Western Australian Network of Alcohol and other Drug Agencies (WANADA) and the Mental Health Commission.

The Conference Organising Committee, which consists of senior staff from the specialist AOD sector, aims to deliver a conference that celebrates the expertise of the AOD sector and encourages participants to consider thought-provoking perspectives on criminal justice, policy, research translation into practice and contemporary practice issues in AOD.

International, national and local keynote and invited speakers include Chief Constable Michael Barton from the Durham Constabulary, United Kingdom; Professor David Forbes, the Director of Phoenix Australia – Centre for Posttraumatic Mental

Health and Professor in the Department of Psychiatry, University of Melbourne; Gino Vumbaca, President of Harm Reduction Australia; Associate Professor Rebecca McKetin, National Drug Research Institute, Curtin University and Professor Nick Lintzeris, Director of Drug and Alcohol Services in South East Sydney Local Health District and Conjoint Professor at University of Sydney.

The conference program includes the third Alcohol and Other Drug Excellence Awards, along with keynote presentations, panel discussions and concurrent sessions. It is anticipated that the conference will attract a range of participants from the AOD, police, corrective services and health sectors. The conference will provide numerous opportunities for professional networking, collaboration, discussion and debate around the themes of the conference.

The conference website at [2018aodconferencewa.com.au](http://2018aodconferencewa.com.au) includes full program details as well as the registration and award nomination portals.

## Workforce development vital as demand and complexity increases

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) has engaged with over 150 individuals throughout the State in order to map and evaluate AOD workforce development in Western Australia.

Commissioned in 2016 by the MHC, WANADA's Workforce Development Project recognises that workforce development is a priority for all who support people impacted by AOD use.

WANADA CEO Jill Rundle says there is an increased demand for AOD services across Western Australia as AOD work becomes increasingly more complex.

"A coordinated, strategic approach to workforce development is needed if we're to respond effectively to current and emerging AOD issues," says Jill.

As part of the project, WANADA engaged with 155 individuals from 35 agencies, at 36 meetings and events over eight weeks. WANADA also received 124 responses to online surveys from both the AOD sector and the wider human services sector.

Said WANADA's Maree Stallard, "We're grateful to everyone who provided their insight and knowledge over the duration of the project to ensure we have a greater understanding of their workforce development needs."

The National Centre for Education and Training on Addiction (NCETA) provided WANADA with guidance and support to ensure the project captured the most relevant and useful information.

WANADA has now made its recommendations to the MHC on the priorities for AOD related workforce development.

"The AOD sector employs a skilled, qualified and professional workforce," says Maree. "Ensuring that there are opportunities to support this is vital as our knowledge about prevention and



WANADA Organisation Coordinator Vanessa Vidler with Holyoake's Natalie Ross – WANADA engaged with over 150 individuals and 35 agencies as part of its Workforce Development Project .

treatment grows and we work more closely with other human services."

For more information about WANADA's Workforce Development Project, please contact Marcelle George on (08) 6557 9400 or [marcelle.george@wanada.org.au](mailto:marcelle.george@wanada.org.au)

## AODtraining@MHC

### AODtraining@MHC and VC@MHC Semester 1 2018 calendars are now available.

This training is offered free-of-charge to AOD workers and other human services providers in government, non-government organisations and the not-for-profit sector.

AOD sector specific events on the AODtraining@MHC calendar include ST222 Induction for New AOD Workers - 26-29 March 2018; ST301 Family Inclusive Practice – 9 May 2018; ST336 Clinical Supervision for the AOD Sector – 14 June 2018.

To register for calendar events please visit:

- **AODtraining@MHC** – [mhc.wa.gov.au/aodtraining](http://mhc.wa.gov.au/aodtraining)
- **VC@MHC** – [mhc.wa.gov.au/training-and-events/training-for-professionals/video-conferencing/](http://mhc.wa.gov.au/training-and-events/training-for-professionals/video-conferencing/)

Due to the popularity of the calendar events (more than 1,800 people registered for an event in 2017), please advise if you can no longer attend so your place can be offered to someone on the waiting list.



AODtraining@MHC calendar on the MHC website.

All registrations are to be completed via the online registration system at [mhc.wa.gov.au/aodtraining](http://mhc.wa.gov.au/aodtraining)

Any enquiries about the AODtraining@MHC calendar can be directed to the Workforce Development team at the MHC via [aod.training@mhc.wa.gov.au](mailto:aod.training@mhc.wa.gov.au) or (08) 6553 0560.

# Waitlist and after hours call back support available for AOD clients

## ALCOHOL & DRUG SUPPORT SERVICE

Confidential. Anonymous. Professional. 24 Hours.

ALCOHOL  
& DRUG  
SUPPORT LINE  
9442 5000

PARENT &  
FAMILY DRUG  
SUPPORT LINE  
9442 5050

METH  
HELPLINE  
1800 874 878

The Alcohol and Drug Support Service provides 24/7, statewide telephone support lines for anyone in Western Australia concerned about their own or another person's AOD use, including health services and professionals seeking support for their clients.

The three helplines – the Alcohol and Drug Support Line; Meth Helpline and Parent and Family Drug Support Line – are staffed by qualified and experienced counsellors who offer confidential counselling, information, support and referral to local treatment services (as required). Parents calling the support lines can also access a network of trained Parent Peer Volunteers with a lived experience of having a child using alcohol or other drugs.

In addition to providing support to callers who ring into the lines, the Alcohol and Drug Support Service can provide call back support to clients who are:

- On a waitlist for treatment at an AOD service
- Socially or geographically isolated and unable to access other AOD treatment services
- Requiring out of hours support around high risk times related to AOD relapse while in treatment with a service
- A parent of a child with AOD issues that would like support from a professional counsellor or a Parent Peer Volunteer, and
- Engaged with a health professional that doesn't work in the AOD sector but who has identified that a client may benefit from telephone support from a counsellor (or Parent Peer Volunteer)

Referrals for call back support are accepted from any service or health professional (including GPs) as long as the client is requiring support for their own or another person's AOD use.

### What health professionals need to know:

- Clients must consent to receive call back support from the Alcohol and Drug Support Service
- An Alcohol and Drug Support Service counsellor or Parent Peer Volunteer will initiate contact with the client and negotiate ongoing call backs if appropriate
- Trained Parent Peer Volunteers can listen to what is going on for the parent, share strategies and suggestions on what has worked well for others and relate to the feelings and situations the parent may be dealing with at home
- The call back support provided is intended to be short-term, using a solution-focussed approach to help the client maintain motivation and work towards their stated goals
- The client can call the Alcohol and Drug Support Line at any time for additional support without compromising the call back arrangement, and
- At the end of the period of support, the counsellor will provide feedback to the referrer

It is important to note that if a client is experiencing significant mental health issues or is at moderate to high-risk of suicide or self-harm, the Alcohol and Drug Support Service is not an appropriate referral option for call back support. The client should be referred to the Mental Health Emergency Response Line (MHERL) or other appropriate mental health service.

### Find out more

For more information or to obtain a copy of the relevant Call Back Referral Form, please contact the Alcohol and Drug Support Service Coordinator on (08) 6553 0310 or [alcoholdrugsupport@mhc.wa.gov.au](mailto:alcoholdrugsupport@mhc.wa.gov.au)

Additional information about the Alcohol and Drug Support Service can also be found at [alcoholdrugsupport.mhc.wa.gov.au](http://alcoholdrugsupport.mhc.wa.gov.au)

To contact MHERL call **1300 555 788** (Perth), **1800 676 822** (Peel) or **1800 720 101** (TTY) or Rurallink on **1800 720 101**.

Additional help can be found in the *Helping Someone in Distress* booklet under 'Reports and Resources' at [mhc.wa.gov.au](http://mhc.wa.gov.au)



The Mental Health Commission is moving towards digital communications.

To keep up with the latest news and events, sign up to the monthly e-newsletter on the home page at [mhc.wa.gov.au](http://mhc.wa.gov.au) and follow on social media!

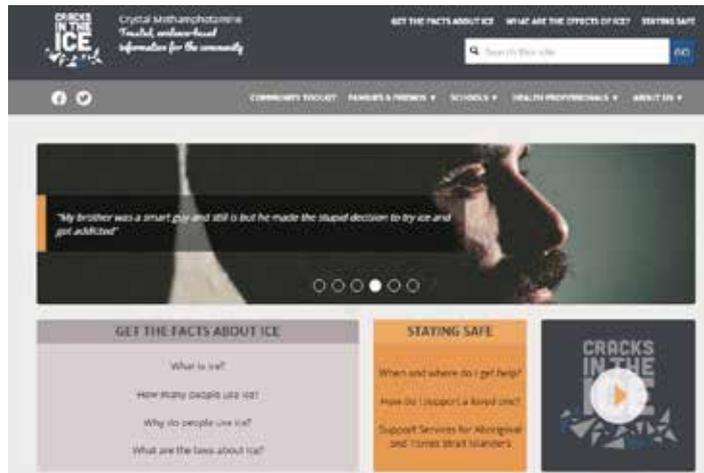
## Cracks in the Ice community toolkit launched

The **Cracks in the Ice** online community toolkit, which provides evidence-based and up-to-date information and resources about crystal methamphetamine (ice) for the Australian community, has been officially launched as part of the Australian Government’s *National Ice Action Strategy*.

*Cracks in the Ice* was informed by input from community members across Australia and developed in collaboration with researchers from the National Drug Research Institute at Curtin University, UNSW’s National Drug and Alcohol Research Centre and the National Health and Medical Research Council (NHMRC) Centre of Research Excellence in Mental Health and Substance Use.

The website provides information and resources about what ice use is, prevalence rates, physical and mental health effects of ice use and where and when the community can access support and treatment services. It also provides specific information and resources for community groups or concerned community members, including:

- Fact sheets, brochures, booklets, a PowerPoint presentation and talking notes for use at community forums and events
- Advice for families and friends of people using ice
- Tools for parents, schools, teachers and students, and
- Tips, training and guidelines for health professionals working



The *Cracks in the Ice* website.

across a range of sectors, including GPs, frontline workers in hospital settings and emergency departments and mental health practitioners

The project is funded by the Australian Government Department of Health. The website can be accessed at [cracksintheice.org.au](http://cracksintheice.org.au)

## Peer Based Harm Reduction WA nurse-practitioner supports access to new, effective hepatitis C treatment

**Peer Based Harm Reduction WA** (formerly known as WASUA) is providing a new hepatitis C treatment program led by nurse-practitioner Leanne Myers.

Leanne has worked with people affected by hepatitis C for 20 years and knows about the many barriers to treatment.

“People are often vulnerable and have experienced stigma and discrimination when accessing health services in the past,” says Leanne. “For this reason, many people with hepatitis C who inject drugs have not been treated using the new, more effective hepatitis C treatments.”

Consumers who access Peer Based Harm Reduction WA’s Needle and Syringe Exchange Program (NSEP) are informed about the new treatments. A peer-based initiative provides specific hepatitis C related information and makes referrals to Peer Based Harm Reduction WA’s health clinic.

Pre-treatment assessment, treatment management and follow up can then be undertaken by Leanne in accordance with the current Gastroenterological Society of Australia guidelines.

“Integral to Peer Based Harm Reduction WA’s approach is peer education at the NSEP and the involvement of peers in case management,” says Leanne. “Consumers have a connection to the service and are engaged in a supportive treatment environment.”

Says one consumer, “I would not have gone on the treatment if it weren’t for Peer Based Harm Reduction WA and the way they supported me.”

Peer Based Harm Reduction WA has conducted research to evaluate



Peer Based Harm Reduction WA nurse-practitioner Leanne Myers works with peer-educators to support people to access hepatitis C treatments.

the program. Clinical outcomes, self-reported compliance and consumer feedback demonstrated its effectiveness.

“Peer Based Harm Reduction WA’s model offers an alternative to the conventional medical model of hepatitis C treatment,” says Leanne. “It shows that interactions between health professionals and people who use substances can be positive.”

# Methamphetamine initiatives producing positive results

The MHC has delivered a number of initiatives over the past year to help communities strengthen their capacity to prevent and reduce methamphetamine related harm. In 2016-17 two in five new treatment episodes (39.4%) were for amphetamine type stimulants.

MHC Assistant Commissioner Sue Jones said the initiatives have made a significant difference in the number of people accessing services, and also in developing the services available to help people reduce or recover from AOD harms.

In September 2016, the Meth Helpline was launched together with an advertising campaign targeting methamphetamine users, their families and loved ones. An extension of the Alcohol and Drug Support Service (ADSS), the helpline provides support and advice 24 hours a day, seven days a week. From 2015-16 to 2016-17 there was a 34% increase in the number of ADSS contacts related to amphetamine type stimulants, largely due to the launch of the Meth Helpline and associated prevention activity.

The MHC also expanded the number of positions at Community Alcohol and Drug Services (CADS) to provide greater capacity for the services to provide counselling, information and referrals. These additional 13 positions were placed at the Drug and Alcohol Youth Service in East Perth and CADS across the state including the Midwest, Goldfields, Wheatbelt, South West, Great Southern, North Metropolitan, South Metropolitan, North East Metropolitan and South East Metropolitan regions, and an additional \$4.5million was provided in the 2017-18 Mid-Year Review to continue funding positions until June 2021.

The MHC Workforce Development team has also expanded training and support throughout the state for frontline workers who frequently deal with people affected by methamphetamine, with 41 sessions of *Recognise and Respond* training delivered to 889 frontline staff over the past 16 months. Read more about these training sessions on [page 8](#).

In addition, an extra eight low-medical withdrawal beds and 52 rehabilitation beds were funded through an open tender process. The additional beds, opened last year, have boosted the services available at Cyrenian House and Palmerston in Perth, Blackwood River Clinic near Nannup, Hope Community Services in the Midwest, the Goldfields Rehabilitation Services in



Community Alcohol and Drug Services counselling.

Kalgoorlie and Yaandina Family Centre in the Pilbara.

A new Specialist Methamphetamine Clinic was also launched in February 2016 at the Next Step facility in East Perth. The clinic is focused on specialised assessment and intervention for problematic methamphetamine use. This pilot program has developed a model of care where clients are engaged with a dedicated case manager to assist in addressing their identified treatment goals through a range of interventions. These include medical assessment, outpatient withdrawal support and relapse prevention pharmacotherapies, case management, blood-borne virus management, group-based interventions and counselling.

As a pilot program, the model of care and delivery of services continue to be adjusted and refined in response to the emerging results of ongoing evaluations. Since its commencement the clinic has seen more than 140 clients. Of these clients, 57% reported a reduction in methamphetamine use, improved physical health and improved relationships, while 71% of clients reported improved mental health.

The MHC is committed to continuing to work with service providers across the AOD sector in Western Australia to further improve the capacity of services and facilities to reduce and prevent the harms associated with methamphetamine use.

## Taking the initiative

The State Government is implementing the statewide, coordinated and targeted *Methamphetamine Action Plan* (MAP) to specifically reduce harm and address supply and demand for methamphetamine in Western Australia.

Key initiatives include:

- Additional drug treatment facilities to respond to early intervention and severe methamphetamine dependence
- Opening residential rehabilitation centres in the South West and the Kimberley
- Introducing a mental health observation area at Royal Perth Hospital emergency department
- Expanding drug and alcohol education
- Investigating ways to 'fast-track' guardianship and administration applications
- Increasing roadside testing for AOD
- Creating two dedicated AOD drug rehabilitation services in prisons, and
- Creating a 10 person prisoner triage unit to operate in courts

## Frontline worker training

Since September 2016, the Workforce Development team at the MHC has been delivering *Recognising and Responding to Amphetamine Intoxication/Toxicity and Opioid Overdose* training to frontline workers. The training is either delivered as a half-day course focussing on either amphetamines or opioids, or as a full-day course that covers both amphetamines and opioids.

Course participants learn about the harms and effects of amphetamines and opioids, identifying signs and symptoms of amphetamine intoxication and toxicity and/or opioid overdose and effective approaches in a range of settings, including de-escalation skills, administration of naloxone in the event of an opioid overdose and harm reduction strategies for amphetamine intoxication/toxicity or opioid overdose.

The training is based on the recently released resource for trainers of frontline staff, *'Recognising and Responding to Amphetamine Intoxication/Toxicity and Opioid Overdose'* which has been available since October 2017. It includes an audio-visual resource, trainers' guide, fold-out RESPOND cards, harm reduction tip sheets for workers, PowerPoint presentations and a Brief Education Tool for the administration of naloxone and opioid overdose prevention.



Delivering frontline worker training.

### Taking the initiative

Evaluation of *Recognise and Respond* has been very positive, with the training rating above the key performance indicators that had been set for its overall evaluation. It indicated that:

- **89.9%** of participants found the training was 'a lot' to 'extremely' useful in relation to their work or study
- **86.3%** of participants reported that their knowledge had increased 'a lot' to 'extremely'
- **79.2%** of participants found that their confidence had increased 'a lot' to 'extremely', and
- **76.5%** of participants reported that their competence had increased 'a lot' to 'extremely'

AOD workers, needle and syringe program workers, emergency department staff, primary health, child protection, police, crisis support and other frontline workers who regularly come into contact with amphetamine or opioid using clients can benefit from the training.

Between September 2016 and November 2017, the *Recognising and Responding* training was delivered to 962 frontline workers across 46 training events. During this period training was conducted in Bunbury, Carnarvon, Northam, Narrogin, Geraldton, Derby, Broome, Albany, Kununurra, Wyndham, Karratha, Port/South Hedland, Newman, Kalgoorlie, Lake Grace, Esperance, Busselton, Dunsborough and Perth.

Further metropolitan and regional events will be delivered over the next 12 months, including via the AODtraining@MHC calendar. The Semester 1, 2018 AODtraining@MHC calendar can now be accessed at [mhc.wa.gov.au/aodtraining](http://mhc.wa.gov.au/aodtraining)

To participate in this training please contact the MHC Workforce Development team on [AOD.training@mhc.wa.gov.au](mailto:AOD.training@mhc.wa.gov.au) or (08) 6553 0560.

## Holyoake Connect – achieving positive outcomes through continuing care

### Holyoake's commitment to clients

extends beyond counselling programs to offer continuing care. The 'Holyoake Connect' initiative offers clients peer-support, free workshops and a choir program called *A Chorus Line*.

*A Chorus Line* offers people an opportunity to come together and enjoy the benefits of singing in a group environment. The group meets every Monday evening and is growing steadily under the expert leadership of conductor Paul Peacock.

For some people who signed up, this meant stepping out of their comfort zone. However, very soon comradery and friendships blossomed, which resulted in a fun-filled experience packed with many laughs.

One of the group's regular members describes her experience: "The singing group has taken me from being a very nervous, terrified person to looking forward to Monday nights and enjoying each moment. Thank you for this

wonderful opportunity to realise how much fun life can be."

The *Chorus Line* program has run for over two years and an increase in confidence, motivation and meeting new people are just some of the positive outcomes.

Another member said: "Singing brings me so much joy and I love being able to share that with other people. Holyoake helped me change my life - they provide quality services and programs and the choir is no exception."

# Reduce drinking – reduce health risks

In less than two minutes, people can learn the benefits of reducing their alcohol intake by using a new online tool on the *Alcohol.Think Again* website.

The tool sees users enter their current drinking habits and receive a health risk rating. They then have the opportunity to enter new reduced drinking goals, and the online tool will show them how their risk has reduced, as well as calories and money saved if they reduced their drinking.

For example, a female who drinks three standard drinks every day would learn she has three times the risk of alcohol related death compared to others of the same gender who drink within the national guidelines. The online tool would then show her that if she reduced her drinking to three times a week she would be drinking within the national alcohol guidelines which would not only reduce her health risks, but she would also benefit financially, saving approximately \$900 over 12 months, as well as reduce her kilojoule intake by 18,000kj.

The tool supports the 'Glassbody' campaign which focuses on the damaging effects of alcohol and emphasises how the body is fragile and that reducing alcohol consumption can reduce a person's risk of alcohol caused disease such a stroke, heart attack and cancer. The campaign encourages people to have no more than two standard drinks on any day in accordance with the NHMRC guidelines, to help reduce their risk of alcohol related harm over a lifetime.

The campaign was developed with the assistance of Sir Charles Gairdner Hospital



The glass body featured in the Alcohol.Think Again campaign.

gastroenterologist Dr Hooi Ee and The University of Western Australia's Neurology Professor Dr Graeme Hankey, who have both seen the damaging effects alcohol has on their patients.

The campaign and online tools work together to reinforce the 'reducing drinking will reduce the risks' message of the campaign.

A recent evaluation of the *Glassbody* campaign found of those surveyed indicating they had seen the campaign, 98% identified the correct message take-out – the highest result of any *Alcohol.Think Again* campaign. Further, of those who saw the campaign, almost half (48%) took some action to reduce their alcohol consumption.

The ads and the online tools are available at [alcoholthinkagain.com.au](http://alcoholthinkagain.com.au)

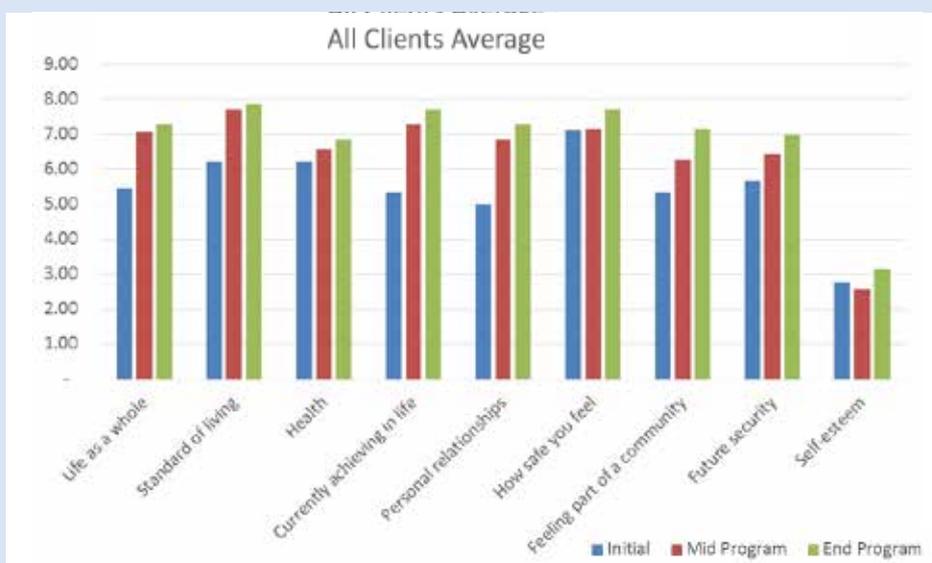
## How many Western Australian's drinking behaviours place them at risk?

Alcohol consumption can have long term impacts on an individual's health. Nearly one in 14 Western Australians drink every day, and nearly one in five drink at levels that place them at risk of alcohol related harm and ill health in their lifetime.

Graph showing feedback from participants of Holyoake Connect's A Chorus Line program

In order to evaluate the program, Holyoake requested that participants complete surveys before, during and after the program. As the accompanying graph indicates, all participants experienced a noticeable improvement on all of the parameters.

In its continued commitment to bringing lasting change, Holyoake plans to build and expand Holyoake Connect to offer more services and support to its clients.



## Mission Australia Changing Lives in the Pilbara – Beth’s Story

**Mission Australia** operates the Pilbara CADS with funding from the Mental Health Commission, supporting people to overcome AOD issues.

Pilbara resident Beth\* first began to use methamphetamine in her late teens.

“We were experimenting, but it quickly became part of everyday life,” she said.

Beth used for 15 years and in that time married and had her first child.

“I lost custody of my son and my husband refused to talk to me,” says Beth. “I felt like I had lost myself and didn’t know how to come back.”

Beth’s physical appearance deteriorated, she lost her job and began dealing to support her methamphetamine use.

“I had numerous visits to the hospital, not because of drug induced psychosis, but because of the violent people I was associating with,” says Beth. “Using meth made me into a very desperate human being.”

When she discovered Mission Australia, Beth began to realise there may be a way out.

“By this time, I had become pregnant. I needed support, otherwise I would lose this baby too.”



*Mission Australia is working with Pilbara communities to address AOD use.*

Beth’s counsellor taught her distraction and delay strategies to resist drug use.

“She talked a lot about finding my purpose and also helped me rediscover I was a good person.”

Beth has avoided drugs for nearly two years and wants to complete a counselling degree. Her baby is 18 months old and Beth has shared care of her first child.

Says Beth, “I would never have thought I was capable of achieving this without Mission Australia. It has been a long road, but with support I slowly changed who I am.”

The Pilbara CADS is based in South Hedland, with offices in Karratha, Newman, and Tom Price. For more information, call (08) 9174 4800.

*\*Not her real name.*

## Hope Springs Community Farm

**Hope Community Services** saw the full transition of participants from its Rosella House site in Geraldton to Hope Springs Community Farm, a new residential rehabilitation facility in the Midwest, in April last year.

Located 40km inland from Geraldton on 10.9 hectares, the property has a spring and approximately 2km of bushwalking tracks. Hope Springs has space for up to 22 residents who live there for up to one year.

“We are excited about the opportunities that Hope Springs Community Farm offers to people needing support across the Midwest and further afield,” said Hope’s regional manager for Midwest services Andy Niblock.

The buildings and accommodation have been built since the site was purchased three years ago when there was just one farmhouse and guest cottage.

The farm program is based on the Therapeutic Community model of care

where participating in community and strong human connection are the catalyst for sustainable change. Each resident contributes to the sustainability of the farm by working in high quality social enterprises. Through their participation, residents develop new professional skills and the realisation of their unique strengths and talents.

“The farm is based on the rehabilitation model of a successful Italian therapeutic community called San Patrignano,” said Mr Niblock. “From day one, we don’t see the people who come to us as a problem to fix, but as potential to be unleashed.”

In recent months, the group has grown crops in the shade house, erected fences, prepared the grounds for tree planting, and made artisan bread to sell at the local weekly markets. The farm has a social enterprise business plan including tourism and farming and a commercial grade kitchen to teach cooking.



*Vegetables growing at Hope Springs Community Farm in the Midwest.*

Says Mr Niblock, “Every day we get to see our program participants realise their potential, overcome obstacles and strive to live their best lives.”

# Garl Garl Walbu Peer Education Program

**Garl Garl Walbu Alcohol Association Aboriginal Corporation** in Derby was incorporated in 1988 to address AOD misuse in local communities. The organisation delivers three services – a Sobering Up Shelter, the Derby Night Patrol and since 2015, an Alcohol and Drug Community Peer Education Work program.

The program is a response to concerns about an increasing number of Indigenous youth who were affected by AOD misuse. Garl Garl Walbu management recognised the strength of using a peer education approach to address the issue and received funding from the Department of the Prime Minister and Cabinet through an *Indigenous Advancement Strategy* grant.

Young people of an equivalent age and background are employed to educate and support their peers with an aim to improve the knowledge and understanding of the impact of AOD on their wellbeing. A core principle of the program is that it should not exist in a vacuum but that best practice is dependent on building strong, cooperative



*Community Peer Education Worker Keryn Ross at the Derby Jump4It Basketball Carnival.*

relationships with local service organisations. Participants are referred as the need arises.

The Community Peer Education workers have a lived experience that underpins non-judgemental acceptance of young people who are responding to stressful environments and peer pressure, often reluctantly. Informal yarning and opportunistic engagement is used to intervene in this process, often with ‘back

to country’ ventures like fishing, hunting and other cultural activities.

The program is having an impact. Peer Education workers see young people in the program beginning to understand what harm minimisation means and creating strategies for themselves. These strategies work to reduce their AOD use so that misuse does not become ‘normalised’ as a way of living.



*Community Peer Education Worker Steven Nulgit with two participants in back to country activities at Manning Gorge on the Gibb River Road.*

## Saving lives through peer-education

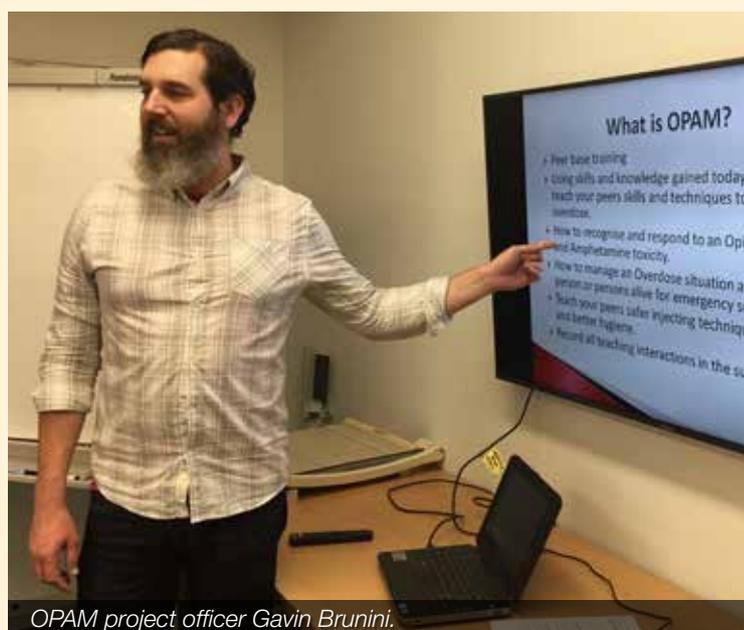
**The Overdose Prevention and Management (OPAM)** project is back up and running at Peer Based Harm Reduction WA. The program trains opiate users in life-saving techniques to use during an overdose emergency.

“This program is a great way for the overdose prevention message to get to the people who need it the most,” says OPAM project officer Gavin Brunini.

In 2010, Western Australia saw a spike in heroin related deaths. In 2015, there were 638 opiate related ambulance call outs – 563 related to heroin and 75 to other opioids. Sixty four overdose fatalities occurred in the Perth metropolitan area. In response, Peer Based Harm Reduction WA developed the OPAM project in conjunction with the MHC (then the Drug and Alcohol Office).

“The OPAM recruits people who use opioids such as heroin, OxyContin, Suboxone or Fentanyl and who are likely to witness an overdose,” says Gavin. “Peer Based Harm Reduction WA then trains these people to become peer-educators within their social networks.”

OPAM participants are taught to recognise and respond to overdose as first-aiders. They are also trained in harm reduction strategies such as safer injecting methods, filtering, drug effects, poly-drug toxicity, avoiding Blood Borne Virus transmission and recognising non-viral infections and injuries. They are supported to refer their contacts to appropriate treatment, health or social welfare providers.



*OPAM project officer Gavin Brunini.*

OPAM peer-educators have previously engaged and educated an average of 35 peers each month.

OPAM training takes place every two months and participants need to register at Peer Based Harm Reduction WA’s front desk. Peer Based Harm Reduction WA also provides free Naloxone training to anyone on the last Thursday of the month. For more information, please call Peer Based Harm Reduction WA on (08) 9325 8387.

## Citizenship and compassion key to successful student placements

**The Western Australian Network of Alcohol and other Drug Agencies (WANADA)** is working with the McCusker Centre for Citizenship for the first time, to facilitate student internships within the AOD sector.

University of Western Australia (UWA) students Shuvangi Sahu, Deni Campbell and Claire Corbould have all taken up internships with support from WANADA.

Claire has supported WANADA's Workforce Development Project.

"I've had the opportunity to conduct a demographic analysis on the AOD workforce and be involved in focus groups with consumers and AOD workers," says

Claire. "I'm sure the skills I've learnt will be transferable to future roles."

Deni is in her third year at UWA and, as part of her internship, worked with Peer Based Harm Reduction WA to support a research project on hepatitis C treatment.

"It's quite challenging at times, but it's taught me a lot about what type of work I want to do," says Deni. "Not only has this internship given me valuable work experience and skills for my future in public health, it's also genuinely strengthened my social conscience and given me skills to stand up for people who are marginalised in the health system."

WANADA is in its seventh year of its Student Placement Program, a collaboration with the

tertiary education sector, WANADA's member agencies, consumers and students.

WANADA Sector Development Manager Marcelle George says the program aims to break down the barriers to addressing the general health needs of AOD consumers.

"Students can provide specialist skills and knowledge for AOD services," says Marcelle. "The program supports students to develop their practice in working with AOD service users."

Says Deni, "You definitely have to be a compassionate and understanding person to work in the AOD sector and I'm grateful that I've had the opportunity to strengthen those skills with guidance from the staff at Peer Based Harm Reduction WA and WANADA."

For more information, please contact Marcelle George at WANADA on (08) 6557 9400 or [marcelle.george@wanada.org.au](mailto:marcelle.george@wanada.org.au)

## Young people on solid ground at Wungening Aboriginal Corporation

**Wungening Aboriginal Corporation's Solid Ground Day Rehab** is a comprehensive, non-residential alternative treatment and recovery program for people with AOD issues. The program provides structure, skills and strategies for Indigenous and non-Indigenous participants and in its first year has worked with 1,244 clients.

The Solid Ground program is designed to serve people who need the structure and intensity found in residential programs, but for whatever reason are not able to access a residential service.

"Some clients are unable to attend residential rehab for various reasons, including family commitments and other health conditions," says Wungening Aboriginal Corporation Alcohol and other Drug Manager Dianne Kennedy. "The day program endeavours to meet the needs of these clients."

Solid Ground provides group and individual counselling using cognitive behavioural therapy and psycho-education groups. The program focuses on:

- Relapse prevention
- Healthier lifestyle choices
- Comorbidity support and management
- Bettering family relationships
- Goal setting/motivation, and
- Emotional identification and management



*Young people participating in DRUMBEAT workshops as part of the Wungening Aboriginal Corporation Alcohol and other Drug Service's Solid Ground program.*

Clients report Solid Ground has supported them to change their drug use. One client says she appreciates the relapse prevention strategies. "I'm abstinent now. I've had one lapse in eight months. The relapse prevention plans I've learnt, I used, and it actually did work!"

Solid Ground has made an important difference in the lives of clients, with one client celebrating Christmas with family for the first time in 10 years. Reports another, "Being informed, having support and having somewhere to come instead of using has made my resolve stronger."

The Solid Ground program runs three times per week in East Perth. For more information, please contact Wungening Aboriginal Corporation on (08) 9221 1411.

**The Mental Health Commission (MHC)** and the Western Australian Network of Alcohol and Other Drug Agencies (WANADA) welcome contributions from the AOD sector for their various publications, including articles, photographs and videos.

These may be used on social media, websites, e-newsletters and other communication tools.

Please send contributions to [communications@mhc.wa.gov.au](mailto:communications@mhc.wa.gov.au) or [Deanne.Ferris@wanada.org.au](mailto:Deanne.Ferris@wanada.org.au)

This edition of drugspeak is available in electronic format on the MHC and WANADA websites.

